
Full Name of Party Submitting This Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone Number

IN THE DISTRICT COURT OF THE _____ JUDICIAL DISTRICT OF THE STATE
OF IDAHO, IN AND FOR THE COUNTY OF _____

_____,
Plaintiff,
vs.
_____,
Defendant.

Case No.: _____

ORDER RE: FEE WAIVER

Having reviewed ☐ Plaintiff's ☐ Defendant's Motion and Affidavit for Fee Waiver,
☐ THIS COURT ORDERS the waiver of prepaid fees.
☐ THIS COURT DENIES the waiver because the Court finds the applicant is not indigent
pursuant to Idaho Code §31-3220.

Date: _____

Judge

CLERK'S CERTIFICATE OF SERVICE - I certify that a copy was served:

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Deputy Clerk